

No. 300
10-46

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25772

State File No.

FILED AUG 7 1951
XC 2 349 048
Reg. # 95355
BIRTH NO. #

REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2696

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or township) JEFF. BRKS., MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2229	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP		d. STREET ADDRESS (If rural, give location) 1212 A SO. 7TH ST.	
3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) c. (Last) ROBINSON			4. DATE OF DEATH (Month) (Day) (Year) 7-17-51
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 7-27-51 1-11-1875
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE	11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY *****	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME HENRY ROBINSON		13b. MOTHER'S MAIDEN NAME CARRIE (UNKNOWN)	14. NAME OF HUSBAND OR WIFE ANNA MAY ROBINSON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. SPAW UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS JEFFERSON BRKS, MO.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ARTERIOSCLEROTIC HEART DISEASE, ADVANCED ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DIABETES MELLITUS	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4500	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 7-12-51 , 19__, to 7-17-51 , 19__, and that death occurred at 11:55p. , from the causes and on the date stated above.			
23a. SIGNATURE L. E. Stilwell (Degree or title) M.D.		23b. ADDRESS VAH, JEFFERSON BARRACKS, MO.	23c. DATE SIGNED 7-18-51
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE July 20, 1951	24c. NAME OF CEMETERY OR CREMATORY National Cemetery
24d. LOCATION (City, town, or county) (State) Jefferson Brks, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hoffmeister U. & L. Co., 7814 So. Broadway, St. Louis, Mo.	
DATE REC'D BY LOCAL REG. 7-19-51		REGISTRAR'S SIGNATURE Robert P. Tombe	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *Levin C. Hoffmann*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broad*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.